

Nevada

Data as of July 2003

Mental Health and Substance Abuse Services in Medicaid and SCHIP in Nevada

As of July 2003, 145,352 people were covered under Nevada's Medicaid/SCHIP programs. There were 122,029 enrolled in the Medicaid program and 23,323 enrolled in the separate SCHIP program. In state fiscal year 2001, Nevada spent \$565 million to provide Medicaid services.

In Nevada, low-income children may be enrolled into the Medicaid program or a Separate SCHIP program based on the child's age and their family's income.

- Nevada's Medicaid program serves children through age 5 and pregnant women in families with incomes of 133% FPL or less and children ages 6 through 18 in families with incomes less than 100% FPL.
- The SCHIP program serves uninsured children through age 18 from families with incomes of 200% FPL or less who do not qualify for Medicaid. There are quarterly family premiums that vary between \$10 and \$50, based on family income.

Nevada operates a managed care program of comprehensive Managed Care Organizations (MCOs) that serve low-income pregnant women, families, and children enrolled in the Medicaid program, as well as, children participating in the separate SCHIP program. Those people who live in Clark or Washoe County, are required to join the MCO, those who live in other areas may choose to join an MCO or remain on fee-for-service. Those who belong to MCOs must obtain all mental health and substance abuse services from their MCO. As of July 2003, there were 74,923 Medicaid beneficiaries and 18,744 SCHIP enrollees enrolled in MCOs.

Medicaid

Who is Eligible for Medicaid?

Families and Children

1. Low-income families with children who qualify for the current TANF program or would have qualified for AFDC under the rules in effect on July 16, 1996.
2. Children and pregnant women and children from birth through age 5 in families with incomes at or below 133% FPL.
3. Children ages 6 through 18 with incomes at or below 100% FPL.
4. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act

Aged, Blind, and Disabled

1. Individuals receiving SSI.
2. Aged and Blind who are receiving Nevada's supplementary SSI payment.
3. All working individuals over age 17 who meet the SSI definition of disability and have an income of 250% FPL or less. Those who would not otherwise qualify for Medicaid must pay a premium that varies between 5 and 7% of their combined net income.
4. Aged, Blind, and Disabled persons who are resident of medical institutions for a period of 30 consecutive days and have incomes of no more than 300% of the maximum SSI benefit.
5. Certain disabled children age 18 and under who are living at home, but would be eligible for Medicaid of living in a medical institution.

Medically Needy

Nevada does not have a Medically Needy program.

Nevada

Data as of July 2003

Waiver Populations

Nevada does not have an 1115 Waiver.

What Mental Health/Substance Abuse Services are Covered by Medicaid?

Medicaid must cover some types of services (mandatory services) and may cover some other types of services (optional services). The information presented here identifies the types of service Nevada Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that Nevada must maintain under Medicaid law. Only those types of services that include mental health or substance abuse services are discussed.

Inpatient Hospital Services		
Service	Description	Coverage Requirements
Inpatient	Services delivered by an inpatient medical facility licensed to provide services at an acute level of care for the diagnosis, care, and treatment of human illness primarily for patients with disorders other than mental diseases..	<ul style="list-style-type: none"> All admissions, including psychiatric and substance abuse admissions, must be prior authorized by the Medicaid agency, except emergency admissions which must be authorized within 24 hours or the first working day after admission. Beneficiaries can receive up to five days of inpatient psychiatric services unless the attending physician documents why additional services are required.

Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Outpatient Hospital Clinic	Substance abuse and mental health services that would be covered if provided in another setting may be provided by an outpatient hospital clinic.	<ul style="list-style-type: none"> Beneficiaries may receive mental health and substance abuse services in an outpatient hospital clinic, but the services are limited to the same extent as physician services, therapy, and other services as specified in the remainder of this document. Beneficiaries may receive opiate treatment with methadone maintenance.
Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)	Substance abuse and mental health services provided by an FQHC or RHC.	Beneficiaries may receive mental health and substance abuse services from an FQHC or RHC, but the services are limited to the same extent as physician services, therapy, and other services as specified in the remainder of this document.

Physician Services		
Service	Description	Coverage Requirements
Physician Services	Physicians may provide mental health and substance abuse services as described under Rehabilitative Services.	<ul style="list-style-type: none"> Beneficiaries may normally receive up to 24 one-hour individual therapy visits per year.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21		
Service	Description	Coverage Requirements
Early Periodic	EPSDT provides for access to	<ul style="list-style-type: none"> Beneficiaries must be under age 21 to qualify

Nevada

Data as of July 2003

Screening, Diagnosis, and Treatment (EPSDT) Mental Health Services	<p>services, including mental health and substance abuse services</p> <ul style="list-style-type: none"> in amounts greater than that otherwise covered by the Medicaid program <p>That can be covered under federal Medicaid law, but that Nevada has otherwise chosen not to cover.</p>	<p>for services.</p> <ul style="list-style-type: none"> Service must be needed to ameliorate or treat a condition identified in an EPSDT screen. All services beyond that otherwise covered by the Medicaid agency must be prior authorized by the Medicaid agency.
--------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Optional State Plan Services

Other Licensed Practitioners		
Service	Description	Coverage Requirements
Psychologist Services	Evaluation, diagnostic and treatment services provided by a licensed psychologist	<ul style="list-style-type: none"> All psychologist services require prior authorized Beneficiaries may not receive more than 24 one-hour individual therapy visits per year, except under EPSDT.

Clinic Services		
Service	Description	Coverage Requirements
Mental health clinic services	Clinics may provide mental health and substance abuse services as described in this document under other state plan service categories.	Mental health and substance abuse services provided by a clinic must meet the same coverage requirements as those provided by another type of provider (see rehabilitative services)

Inpatient Psychiatric Services (for persons under the age of 25)		
Service	Description	Coverage Requirements
Inpatient Psychiatric for Children	Evaluation, diagnostic and treatment services provided in a psychiatric hospital.	<ul style="list-style-type: none"> Beneficiary must be under age 21 at admission Referral for services must result from an EPSDT screen All admissions must be prior authorized by the Medicaid agency's designated agent, except in emergency when approval is required within 24 hours or the first working day

Rehabilitative Services		
Service	Description	Coverage Requirements
Mental Health Rehabilitative Services for Children and Adolescents	<p>Services provided with the primary purpose of treatment or rehabilitation of a mental disorder, or a dysfunction related to a mental disorder, including</p> <ul style="list-style-type: none"> Individual and group counseling Intensive Community Based Treatment Rehabilitative Partial Care Therapeutic Foster Care Residential Treatment Centers Rehabilitation Skills Training Rehabilitative Therapy 	<ul style="list-style-type: none"> To qualify for services the beneficiary must <ul style="list-style-type: none"> be under age 21. have a functional impairment in major life activities including substantial limitations in basic living skills, occupational-education adjustment, self-care, social/interpersonal skills or communication skills. Services must be provided in accordance with a written plan of care that has been approved by the case

Nevada

Data as of July 2003

		<p>manager.</p> <ul style="list-style-type: none"> Services generally limited to 6 hours per day. Substance abuse treatment, other than methadone, not covered.
Mental Health Rehabilitative Services for Adults	<p>Services provided with the primary purpose of treatment or rehabilitation of a mental disorder, or a dysfunction related to a mental disorder, including</p> <ul style="list-style-type: none"> Individual and group counseling Independent Living Training Psychosocial Rehabilitation Crisis Intervention Residential Rehabilitation 	<ul style="list-style-type: none"> To qualify for services a beneficiary must <ul style="list-style-type: none"> Be age 21 or over Have a functional impairment in major life activities including substantial limitations in basic living skills, occupational-education adjustment, self-care, social/interpersonal skills or communication skills Services must be provided in accordance with a written plan of care that has been approved by the primary case manager. Specific limits that apply to individual services are: <ul style="list-style-type: none"> Independent Living Training Services must be reviewed at least every 90 days and be based on an objective assessment of the recipient's skill deficits Psychosocial Rehabilitation is only available to severely impaired adults in transition from inpatient care to community living Crisis intervention is only available to clients experiencing a psychiatric crisis and a high level of personal distress. Residential Rehabilitation is only available to former hospital inpatients or severely impaired adults in a community group residence (room and board is not covered)
School Based Rehabilitative Services	<p>Services provided by a local school district, including, among others:</p> <ul style="list-style-type: none"> evaluation, psychological counseling; nursing services;. 	<ul style="list-style-type: none"> All services must be specified in an Individual Education Plan (IEP).

Targeted Case Management		
Service	Description	Coverage Requirements
Targeted Case Management for the Seriously Mentally Ill Adults and Emotionally Disturbed Youth	<p>Services needed to help qualified beneficiaries access needed care, including</p> <ul style="list-style-type: none"> needs assessment; development of a plan of care; locating, arranging and coordinating services and other resources; arranging services, providing liaison service providers and monitoring services, 	<p>To qualify for services a beneficiary must belong to one of two groups.</p> <ul style="list-style-type: none"> Seriously mentally ill adults, defined as <ul style="list-style-type: none"> at least 18 years old; currently or during the past year have been diagnosed as having an DSM-IV Axis I or II mental, behavioral or emotional disorder; the disorder results in a functional impairment which subsequently interferes with or limits one or more major life activities Emotionally disturbed youth

Nevada

Data as of July 2003

	compliance and progress.	<ul style="list-style-type: none">- less than 18 years old;- currently or during the past year have been diagnosed as having a DSM IV Axis I or II mental, emotional or behavioral disorder;- the disorder results in a long term functional impairment which substantially interferes with or limits the youth's functioning in family, school or community activities
--	--------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SCHIP Medicaid Expansion Program

Nevada does not have a SCHIP/Medicaid expansion program.

Separate SCHIP Program

Who is Eligible for the Separate SCHIP Program?

The SCHIP program, called Nevada Check Up, serves two groups of children.

1. Uninsured children through age 5 in families with incomes between 133% and 200% FPL
2. Uninsured children age 6 through 18 in families with incomes between 100% and 200% FPL.

There are family premiums based on income between \$10 and \$50. Families with incomes below 150% FPL pay \$10/quarter; those with income of 150-175% FPL pay \$25/quarter; and those with incomes of 175-200% FPL pay \$50/quarter.

What Mental Health/Substance Abuse Services are Covered by the Separate SCHIP Program?

Benefits in Separate SCHIP programs must be actuarially equivalent to a benchmark selected by the State, among federally established options. The Nevada benefit package is equivalent to the benefits offered by Medicaid, which were described earlier in this document.